State of Rhode Island Office of the Health Insurance Commissioner
Health Insurance Advisory Council
Meeting Minutes
December 15, 2015, 4:30 P.M. to 6:00 P.M.
State of Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920-4407

Attendance
Members
Co-Chair Commissioner Kathleen Hittner, Co-Chair Steve Boyle, Al Kurose, Hub Brennan, Al Charbonneau, Pat Mattingly, Rob Cagnetta, Vivian Weisman, David Feeney, Emmanuel Falck, Howard Dulude, Karl Brother, Tina Spears

Not in Attendance
Gregory Allen, Mike Souza, Tammy Lederer, Bill Schmiedeknecht, William Martin, David Mathias, Wendy Mackie

Issuers
Neighborhood Health Plan of Rhode Island: Emily Colton
Blue Cross Blue Shield of Rhode Island: Rich Glucksman
Aetna: Ron Souza

State of Rhode Island Office of the Health Insurance Commissioner
Linda Johnson, Sarah Nguyen, Cory King

Minutes

1. Welcome and Review of November Meeting Minutes
Commissioner Hittner and Steve Boyle called the meeting to order and welcomed all Health Insurance Advisory Council (HIAC) members and others in attendance. Rob Cagnetta moved to accept the minutes from the November 17th, 2015 meeting. The minutes were approved unanimously with no changes.

2. RIREACH
Tina Spears, RIPIN, delivered the RIREACH consumer update. Ms. Spears reported having a good season so far with regards to Exchange enrollment – she had no reported status issues. RIREACH made a hiring decision today for the staff position previously held by Manny Echevarria, and will send out an official offer in the near future.

3. Health Reform Update

State Innovation Model (SIM): SIM Director Marti Rosenberg reported being very close to selecting a vendor, although she could not disclose who the vendor was due to state contracting rules. She also reported that the group was moving forward on filling the SIM staff positions. Since she came on board, she has been meeting one-on-one with the 18 SIM Steering Committee members to tease apart what SIM aims to accomplish, the challenges that exist, and each stakeholder's role. The SIM Steering

Committee came to a consensus on many items in their meeting last week, including a theory of change focused on payment reform and investing in activities to promote population and behavioral health. The SIM Measure Alignment group continues its work to identify measures for use in contracting.

Dr. Al Kurose mentioned that his interpretation of the theory of change was that investments would be made and payment models would be changed to bring about improvements in population health, without specifically addressing cost reductions. Ms. Rosenberg replied that SIM's vision is the triple aim, and the goal is to keep costs low. Commissioner Hittner agreed, and emphasized that the feds are putting pressure on the state to contain costs.

Governor's Working Group for Healthcare Innovation
Commissioner Hittner announced that the Working Group for Healthcare Innovation has released its report. She highlighted the report's presentation on total cost of care, since many were concerned about the rise in insurance premiums being faster than the cost of medical care. The report points to policy proposals based on average costs, but when you look at different markets and insurers, costs and spending can vary widely.

Cory King, OHIC, discussed a premium study mentioned in the Working Group's report and currently being undertaken by OHIC. This study will include data from previous years on premium increases, observed medical trends, and administrative taxes and fees by insurer by market segment. The aim of the report is to help stakeholders and the public better understand how the premium development process works and what has been driving premiums in the past few years. The study should be complete in the next couple of months.

Commissioner Hittner emphasized the importance of the study for public education purposes. This sentiment was echoed by Dr. Kurose.

Governor's Taskforce for Overdose Prevention and Intervention
Commissioner Hittner announced that the Taskforce for Overdose Prevention issued a report outlining several areas they intend to address, including recommendations for treatment, rescue, and prevention. OHIC will be involved in looking at issues around coverage for drugs and treatments for opioid addiction, and figuring out a way for carriers to be involved. Dr. Hittner discussed the promising option of having peer to peer treatment in community level initiatives like Department of Health's Health Equity Zones. She also pointed out the importance of focusing treatment on prison populations, who are at heightened risk of overdose once they are released.

Council members discussed the nuances of the addiction and overdose problem, including the need to address the issue at a provider level - many people become addicted after being treated in a medical setting with narcotic pain relievers. The need to collaborate with other stakeholders like the Department of Corrections or the business community was expressed. The issue of wasteful healthcare spending was brought up, in the context of individuals seeking treatment out of state without proper continuity of care. Senator Miller discussed the need for individuals being released from prison or jail to have continuity in their insurance coverage, and coverage that provides timely authorization for inpatient or outpatient treatment.

4. Behavioral Health Parity Market Conduct Exam
Linda Johnson, OHIC, presented on the progress of the behavioral health parity market conduct exam. OHIC has just finished reviewing documents to look for differences in the delivery of behavioral and

medical health services. A psychiatrist at Mass General is assisting with the review of documents, and mental health providers in RI have been consulted, to provide subject matter expertise. OHIC is aiming to finish the examination by June 2016.

Commissioner Hittner expressed the importance for the council to understand what behavioral health parity means. Just like we have medical necessity for medical needs, we need to have it for mental health. It is a nuanced concept, since mental health and physical health are not apple to apple comparisons, and OHIC wants to be able to advise patients and carriers on what's required to be covered.

5. Administrative Simplification

Ms. Johnson also presented on the status of the Administrative Simplification Workgroup. This fall's activities stem from last year's report, which focused on plan design, and better education and communication. The group decided to drill down a couple of components that relate to plan design. The main topic is requiring PCP designation at enrollment – it is statutorily up to OHIC to provide guidance around this topic. Carriers will show that they have a process for designating a PCP, and what the process is for auto-assignment if the consumer does not select a PCP. One problem that was voiced was around PCP offices appearing closed, when they are not actually closed, and vice-versa.

Considerations of the provider perspective were brought up. It was pointed out that contrary to perceived belief, RI is about 10% beneath the recommended number of PCPs, according to a study done by the Department of Health. Once a patient identifies a PCP in the enrollment process, burdens fall upon that physician, often consuming the PCP's time long before the patient visits.

Ms. Johnson discussed other considerations, including having a process for patients to change their PCP, and not terminating an enrollee for not having one. Carriers will be providing more detailed information on how they already assign PCP designation, as well as data on PCP utilization. The importance of communications with providers, payers, and patients was expressed.

Al Charbonneau cautioned OHIC to approach the issue with light regulatory action. Dr. Kurose emphasized that designation of patients without notification from the payer becomes a real problem for providers, who are then responsible for meeting quality standards.

Ms. Johnson discussed the second focus of the0 Administrative Simplification workgroup, which was about network adequacy, and communicating tiered network coverage to consumers more clearly.

The last effort of this fall's Workgroup is around surprise billing. Ms. Johnson shared a colleague's story about being informed that his anesthesiologist was out of network while in the operating room already prepped for surgery. The problem is common among emergency room physicians, pathologists, radiologists, and anesthesiologists – providers who patients can't choose before being treated. There are some proposed options for addressing the issue. NAIC has also issued guidance, which the group will study in depth.

Commissioner Hittner, Ms. Spears, and others expressed dissatisfaction with the practice. Others pointed out that providers are issuing bills that are not bundled with hospital bills, and that hospitals were concerned about forcing doctors into contracts they do not want.

Ms. Johnson reiterated that the issue was complex and nuanced, and that the group would continue to look into it before issuing recommendations.

6. Public Comment

Ruth Feder from the Mental Health Association thanked the council for addressing the Mental Health Parity issue.

Senator Miller agreed that this issue is very important. Referring to the PCP designation issue, he said that there was evidence that care was better if a patient had a PCP that was actively involved, and that there was resistance in 2012 when the issue was proposed legislatively.